

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005734

AMENDED

Registration District No. 160Primary Registration District No. 559VRegistrar's No. 24

STATE FILE NUMBER

FILED VS FEB 23 1961

1. PLACE OF DEATH

a. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Joachim Twp.Length of stay in lb
6 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jefferson Mem. HospitalInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson

c. CITY OR TOWN Herculanum

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Louis

Middle

Last

Clover

4. DATE OF DEATH

Month

Feb.

Day

16

Year

1961

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
12-23-19009. AGE (last birthday)
60IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Jefferson County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas Clover

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

17. INFORMANT

Address

Everett Clover, Herculanum, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH
6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Left Sinus Bundle Branch Block 6 days

DUE TO (c)

Nephritis Chronic

unk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 10-61 to Feb 16-61 and last saw her alive on Feb 16-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harry Goski M.D.

22b. ADDRESS

Festus 1 Mo

22c. DATE SIGNED

2/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Hillsboro Cemetery

23d. LOCATION (City, town, or county)

Hillsboro, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Fun'l. Homes, Inc., Festus, Mo.

25. DATE RECD. BY LOCAL REG.

2-18-61

26. REGISTRAR'S SIGNATURE

James A. Jigdon

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Heith B. Vinograd

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.